

Education

High School: Address:
Years Completed: Degree:
College: Address:
Years Completed: Degree:
Other: Address:
Years Completed: Degree:

References

Have you worked or attended school under another name? YES NO If yes, give names:
Are you presently employed? YES NO If yes, whom do you suggest we contact?
Have you ever been fired from a job or asked to resign? YES NO If yes, please explain:

Please list three professional references.

Full Name: Relationship:
Company: Phone:
Address:

Full Name: Relationship:
Company: Phone:
Address:

Full Name: Relationship:
Company: Phone:
Address:

Previous Employment

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references.

Note: A job offer may be contingent upon acceptable references from current and former employers.

Company: Phone:
Address: Supervisor:
Job Title: Starting Salary: \$ Ending Salary: \$

Responsibilities:

From: To: Reason for Leaving:

May we contact your previous supervisor for a reference? YES NO

Company: Phone:

Address: Supervisor:

Job Title: Starting Salary: \$ Ending Salary: \$

Responsibilities:

From: To: Reason for Leaving:

May we contact your previous supervisor for a reference? YES NO

Company: Phone:

Address: Supervisor:

Job Title: Starting Salary: \$ Ending Salary: \$

Responsibilities:

From: To: Reason for Leaving:

May we contact your previous supervisor for a reference? YES NO

Special Skills

What skills or additional training do you have that are related to the job for which you are applying?

What computer applications, machines or equipment can you operate that are related to the job for which you are applying?

List professional, trade, business or civic activities and offices held. (Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability, or other protected status.)

For Jobs Requiring Driving ONLY (Transportation, Case Manager, Home Delivered Meals, Facilities)

Do you have a valid driver's license? YES NO DL # State Class

Have you had your driver's license suspended or revoked in the last 3 years? YES NO If yes, give details:

Disclaimer and Signature

AFFIDAVIT, CONSENT AND RELEASE

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers, and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required.

I understand I may undergo a criminal record check.

I understand I may be required to provide proof of my age.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination and motor vehicle record check. I consent to the release of any or all medical and driving information as may be deemed necessary to judge my capability to do the work for which I am applying.

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE PRESIDENT OF THE ORGANIZATION HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE PRESIDENT AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements.

If this is a submission via e-mail enter your initials as your digital signature: _____

Signature: _____

Date: _____

If available, attach resume' with e-mail or to this document.

This application for employment will remain active for one year from the date of submission. If you wish to keep an application on file beyond that date you must resubmit a current application.

APPLICANT AFFIRMATIVE ACTION INFORMATION

It is the policy of this organization to provide equal employment opportunity to all qualified applicants for employment without regard to race, color, religion, national origin, sex, age, veteran status or disability. As an affirmative action employer under E.O. 11246 we invite all applicants to identify themselves as indicated below.

COMPLETION OF THIS FORM IS VOLUNTARY AND IN NO WAY AFFECTS THE DECISION REGARDING YOUR APPLICATION FOR EMPLOYMENT. THIS FORM IS CONFIDENTIAL AND WILL BE MAINTAINED SEPARATELY FROM YOUR APPLICATION FORM.

Applicant Information

Full Name: _____

Last

First

M.I.

Date: _____

Position Applied for: _____

Voluntary Information

This information is being requested in accordance with federal regulations. The information is voluntary and will not be used when considering you for employment with our company.

Racial or Ethnic Group

- | | | |
|--|---|---|
| <input type="checkbox"/> American Indian/Alaskan | <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Black/African American |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> White/Caucasian | <input type="checkbox"/> Other |

Gender

- Female Male

How did you hear about this position?

- | | | |
|--------------------------------------|---|---|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Company Employee | <input type="checkbox"/> Professional Publication |
| <input type="checkbox"/> Job Fair | <input type="checkbox"/> Placement Office | <input type="checkbox"/> Web Site |
| <input type="checkbox"/> Other _____ | | |